

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN**

**TRANSCRIPT REQUEST FORM (TRF)**

DATE REQUESTED: \_\_\_\_\_

**CASE INFORMATION**

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

DESCRIPTION OF HEARINGS(S) (Include Docket Entry Number(s)) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COURT REPORTER'S NAME: \_\_\_\_\_

**AND/OR**    ☐ ELECTRONIC RECORDING(S)

**ORDERING PARTY**

NAME/TITLE : \_\_\_\_\_

LAW FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PARTY REPRESENTED: \_\_\_\_\_

REPRESENTATION TYPE: (Check One)

- ☐ RETAINED                      ☐ CJA APPOINTMENT                      ☐ PRIVATE INDIVIDUAL  
☐ U.S. ATTORNEY'S OFFICE                      ☐ FEDERAL DEFENDER SERVICES

TRANSCRIPT FORMAT REQUESTED: (Check all that Apply)

- ☐ PAPER-FULL PAGE    ☐ PAPER-CONDENSED    ☐ PDF    ☐ E-TRANSCRIPT©    OTHER

SERVICE TYPE REQUESTED:                      ☐ 1-DAY                      ☐ 7-DAY                      ☐ 14-DAY                      ☐ 30-DAY

INSTRUCTIONS/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_